

Michigan Department of History, Arts and Libraries
An Equal Opportunity Employer

Employment Application

Office of Human Resources
702 West Kalamazoo St.
P.O. Box 30738
Lansing, MI 48909-8238

Phone: 517-373-3610
Fax: 517-373-5815
TDD/TYY: 517-373-1592

Personal Information

Name (Last, First, Middle Initial): _____
Address (Street): _____
City: _____ State: _____ Zip code: _____
Daytime phone no.: _____ Home phone no.: _____ Email address: _____
Position you are applying for: _____
Are you eligible for employment in the United States? ☐ Yes ☐ No Date you are available for employment: _____
Are you currently a State of Michigan employee? ☐ Yes ☐ No
If yes, current Civil Service classification: _____

Have you ever: Yes No If yes, please explain: _____
been discharged, asked to resign, or
suspended by an employer? ☐ ☐ _____
been convicted of any violation of
the law other than minor traffic violations? ☐ ☐ _____
Indication of a criminal record does not absolutely prohibit employment, but will only be used in relation to specific job requirements.

High School Education

High School - name and location: _____
Highest grade or year completed: _____ Did you graduate? ☐ Yes ☐ No

College, University, Trade School or Special Training:

Name of School	Location	Dates of Attendance (Month/Year) FROM TO		Credit Hours Earned QTR SEM		Course of Study	Degree or Certificate Received
Trade School/Special Training							
Trade School/Special Training							

Your name, if different, while attending school: _____

Please provide transcript when needed to meet minimum requirements of position.

Licensure, Registration, Certification (examples: Teacher Certification, EDL, PE, CPA, etc.)

License, Registration or Certification	Number	Date Received	Expiration Date	State Licensing Agency

Employment Record - Beginning with your present or most recent employment, including military service, list and describe your work experience. If you have held two or more positions for the same employer at different levels of responsibility or with different duties, list and describe each position separately. If needed, attach additional sheets, using the same format as on this application. Resumes may be attached to provide additional information.

Name of employer: _____			Current salary: _____		
Address: _____					
Your job title: _____			Supervisor's name: _____		Phone: _____
From: ____/____/____	To: ____/____/____	Hours per week: _____		(_____)	
Month Day Year	Month Day Year			Your name, if different, during employment	
Duties and responsibilities: _____					

Reason for leaving: _____					

Name of employer: _____			Current salary: _____		
Address: _____					
Your job title: _____			Supervisor's name: _____		Phone: _____
From: ____/____/____	To: ____/____/____	Hours per week: _____		(_____)	
Month Day Year	Month Day Year			Your name, if different, during employment	
Duties and responsibilities: _____					

Reason for leaving: _____					

Name of employer: _____			Current salary: _____		
Address: _____					
Your job title: _____			Supervisor's name: _____		Phone: _____
From: ____/____/____	To: ____/____/____	Hours per week: _____		(_____)	
Month Day Year	Month Day Year			Your name, if different, during employment	
Duties and responsibilities: _____					

Reason for leaving: _____					

Certification/Reference Release- By submitting this application and any attachments, I certify that all information provided is true and accurate, and contains no willful falsification or misrepresentation. I understand that intentional falsification or misrepresentation will disqualify me from consideration for employment with the Department of History, Arts and Libraries; and if hired, is grounds for termination. I hereby authorize present and former employers, associates, schools, law enforcement agencies, military organizations, and/or other persons and organizations to provide the Department of History, Arts and Libraries with any information that may aid in determining my suitability for employment. Additionally, I release those individuals and/or organizations contacted from all liability whatsoever for issuing the requested information, and hereby waive my right to receive written notice of any such information provided. I also hereby release the Department of History, Arts and Libraries, its affiliates and employees from any and all liability and damages for requesting, releasing, and using information concerning me, my work and performance record.

Signature _____ **Date** _____

As a condition of employment in the classified service, you must submit to, and pass, a pre-employment drug test. A background check will also be conducted.